

Best Available Com

# CLAIMS ONLY

Application Number

07-624321

Filing Date

8-16-05

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		1				
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Total Indep	1					
Total Depend		1				
Total Claims	1					

	Indep.	Depend.	Indep.	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						